

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**Individual Income Tax Return 2001**  
**RESIDENT FILING FEDERAL RETURN**  
Calendar Year 2001

DO NOT WRITE OR STAPLE IN THIS SPACE

**USE THIS FORM ONLY IF YOU ARE FILING A  
FEDERAL TAX RETURN FOR 2001.**☐ Check box if filing for the first time or if address has changed

AMD UNP 008 PNT INT

USE STATE LABEL OTHERWISE PRINT OR TYPE	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Present mailing or home address (Number and street, including apartment number or rural route)		Your occupation
	City, town or post office, State and ZIP code		Spouse's occupation

FILING STATUS (Check only ONE box)	1 <input type="checkbox"/> Single
	2 <input type="checkbox"/> Married filing joint return (even if only one had income).
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. •
	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died • ).

EXEMPTIONS	<b>CAUTION:</b> If you can be claimed as a dependent on another person's tax return (such as your parents'), <b>DO NOT</b> check box 6a, but be sure to check the box above line 20.		
	6a <input type="checkbox"/> Yourself..... <input type="checkbox"/> Age 65 or over.....	} Enter the number of boxes checked on 6a and 6b	
	6b <input type="checkbox"/> Spouse..... <input type="checkbox"/> Age 65 or over.....		
	6c Enter the number of your dependent children listed on federal return.....	6c	
	6d Enter the number of other dependents listed on federal return.....	6d	
6e Total number of exemptions claimed. Add numbers entered in boxes above.....	6e		

COMPUTATION OF HAWAII ADJUSTED GROSS INCOME	7	Federal adjusted gross income (AGI) from Form 1040, 1040A, or 1040EZ.....	7•		00			
	8	Difference in state/federal wages due to COLA, ERS, etc. (see page 11 of the Instructions).....	8		00			
	9	Interest on out-of-state bonds (including municipal bonds).....	9		00			
	10	Other Hawaii additions to federal AGI (see page 11 of the Instructions).....	10		00			
	11	Add lines 8 through 10.....	Total Hawaii additions to federal AGI			11•		00
	12	Add lines 7 and 11.....	12		00			
	13	Pensions taxed federally but not taxed by Hawaii.....	13		00			
	14	Social security benefits taxed on federal return.....	14		00			
	15	First \$1,750 of military reserve or Hawaii national guard duty pay.....	15•		00			
	16	Payments to an individual housing account.....	16•		00			
	17	Other Hawaii subtractions from federal AGI (see page 14 of the Instructions).....	17		00			
	18	Add lines 13 through 17.....	Total Hawaii subtractions from federal AGI			18•		00
	19	Line 12 minus line 18.....	Hawaii AGI ➤			19•		00

**CAUTION:** If you can be claimed as a dependent on another person's return, check here ☐ • and see the Instructions on page 15.

DEDUCTIONS AND COMPUTATION OF TAXABLE INCOME	20	If you do not itemize your deductions, go to line 21 below. Otherwise go to page 15 of the Instructions and enter your itemized deductions here.					
	20a	Medical and dental expenses (from Worksheet A-1).....	20a•		00		
	20b	Taxes (from Worksheet A-2).....	20b•		00		
	20c	Interest expense (from Worksheet A-3).....	20c•		00		
	20d	Contributions (from Worksheet A-4).....	20d•		00		
	20e	Casualty and theft losses (from Worksheet A-5).....	20e•		00		
	20f	Miscellaneous deductions (from Worksheet A-6).....	20f•		00		
	21	Enter the larger of: <b>Itemized Deductions</b> — If line 19 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 27 of the Instructions. If not, add lines 20a through 20f. <b>OR</b> <b>Standard Deduction</b> shown below for your filing status. Single — \$1,500                      Head of household — \$1,650 Married filing jointly or Qualifying widow(er) — \$1,900      Married filing separately — \$950	21•		00		
	22	Line 19 minus line 21. (This line <b>MUST</b> be filled in).....	22•		00		
	23	Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse, and see page 20 of the Instructions. ....	23•		00		
	24	<b>Taxable Income.</b> Line 22 minus line 23 (but not less than zero).....	<b>Taxable Income ➤</b>	24•		00	

• ATTACH COPY 2 OF FORM W-2 HERE •

<b>TAX COMPUTATION</b>	<b>25</b>	Amount from line 24 (Taxable Income) .....	<b>25</b>		<b>00</b>
	<b>26</b>	<b>Tax.</b> Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule; <input type="checkbox"/> Form N-168; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 27 of the Instructions. Net capital gain from line 14 of Capital Gains Tax Worksheet • ..... (• <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-405, N-586, or N-814) ..... <b>Tax</b> ➤	<b>26•</b>		<b>00</b>
<b>TAX PAYMENTS AND CREDITS</b>	<b>27</b>	Total nonrefundable tax credits (attach Schedule CR) .....	<b>27</b>		<b>00</b>
	<b>28</b>	Line 26 minus line 27 (but not less than zero) ..... <b>Balance</b> ➤	<b>28</b>		<b>00</b>
	<b>29•</b>	Hawaii State Income tax withheld and tax withheld on IHA distribution .....	<b>29•</b>		<b>00</b>
	<b>30•</b>	2001 estimated tax payments .....	<b>30•</b>		<b>00</b>
	<b>31•</b>	Amount of estimated tax applied from 2000 return .....	<b>31•</b>		<b>00</b>
	<b>32•</b>	Amount paid with extension(s) .....	<b>32•</b>		<b>00</b>
	<b>33•</b>	Low-Income Refundable Tax Credit (attach Schedule X) <b>DHS, etc.</b> exemptions • .....	<b>33•</b>		<b>00</b>
	<b>34•</b>	Credit for Low-Income Household Renters (attach Schedule X) .....	<b>34•</b>		<b>00</b>
	<b>35•</b>	Credit for Child and Dependent Care Expenses (attach Schedule X) .....	<b>35•</b>		<b>00</b>
	<b>36•</b>	Credit for Child Passenger Restraint System(s) (attach a copy of the invoice) .....	<b>36•</b>		<b>00</b>
<b>37•</b>	Credit for \$1 general income tax (see page 23 of the instructions) .....	<b>37•</b>		<b>00</b>	
<b>38</b>	Total refundable tax credits from Schedule CR (attach Schedule CR) .....	<b>38</b>		<b>00</b>	
<b>39</b>	Add lines 29 through 38 ..... <b>Total Payments and Credits</b> ➤	<b>39•</b>		<b>00</b>	
<b>REFUND OR AMOUNT YOU OWE</b>	<b>40•</b>	If line 39 is larger than line 28, enter the amount <b>OVERPAID</b> (line 39 minus line 28) .....	<b>40•</b>		<b>00</b>
	<b>41•</b>	Amount of line 40 to be <b>applied</b> to your <b>2002 ESTIMATED TAX</b> .....	<b>41•</b>		<b>00</b>
	<b>42•</b>	Line 40 minus line 41 .....	<b>42•</b>		<b>00</b>
	<b>43</b>	If you want to contribute to the Hawaii school-level minor repairs and maintenance special fund, enter \$2 (\$4 if your spouse also wants to contribute and you are filing jointly), check applicable box(es) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse, and see page 25 of the Instructions .....	<b>43</b>		<b>00</b>
	<b>44</b>	Amount to be <b>REFUNDED TO YOU</b> (line 42 minus line 43) ..... <b>Refund</b> ➤	<b>44</b>		<b>00</b>
	<b>45•</b>	If line 28 is larger than line 39, enter the <b>AMOUNT YOU OWE</b> (line 28 minus line 39). Use Form N-200V to send your payment to the Department of Taxation. If you are filing your return late, see page 25 of the Instructions ..... <b>Balance Due</b> ➤	<b>45•</b>		<b>00</b>
<b>46•</b>	Estimated tax penalty. (See page 25 of Instructions.) Also include on line 40 or 45, whichever applies. Check box if Form N-210 is attached ➤ <input type="checkbox"/> ...	<b>46•</b>		<b>00</b>	
<b>47</b>	If you don't need Hawaii income tax forms mailed to you next year, check here to receive a preprinted label only. .... • <input type="checkbox"/>				
<b>TAXPAYER QUESTIONNAIRE</b>	<b>48</b>	Did you file a federal Schedule C? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross receipts _____, your Hawaii General Excise/Use Tax I.D. Number for this activity _____, and main business activity/product: _____ / _____			
	<b>49</b>	Did you file a federal Schedule E? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross rents received _____ and your Hawaii General Excise/Use Tax I.D. Number for this activity _____			
	<b>50</b>	Did you file a federal Schedule F? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross receipts _____, your Hawaii General Excise/Use Tax I.D. Number for this activity _____, and main business activity/product: _____ / _____			
	<b>51</b>	Are you a qualified high technology business that sold your NOL? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the proceeds from the sale \$ _____			

**HAWAII ELECTION  
CAMPAIGN FUND**

Do you want \$2 to go to the Hawaii Election Campaign Fund?

Yes

No

If joint return, does your spouse want \$2 to go to the fund?

Yes

No

Note: Checking "Yes" will not increase your tax or reduce your refund.

<b>DESIGNEE</b>	<b>Third Party Designee.</b> Do you want to allow another person to discuss this return with the Hawaii Department of Taxation? (See page 41 of the Instructions.) <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No		
	Designee's name ➤	Phone no. ➤	Identification number ➤

**DECLARATION**

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

<b>PLEASE SIGN HERE</b>	<div style="display: flex; justify-content: space-between;"> <div>➤ _____ Your signature</div> <div>_____ Date</div> </div>		<div style="display: flex; justify-content: space-between;"> <div>➤ _____ Spouse's signature (if filing jointly, BOTH must sign)</div> <div>_____ Date</div> </div>		
	<b>Paid Preparer's Information</b>	Preparer's Signature and date ➤ _____		Preparer's identification number _____	Check if self-employed ➤ <input type="checkbox"/>
		Firm's name (or yours if self-employed), _____		Federal E.I. No. ➤ _____	
		Address, and ZIP Code _____		Phone no. ➤ _____	